

**Supplemental Application Data Sheet****Application Information**

Application number:: 09/975,253  
Filing Date:: 10/12/01  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?: None  
Sequence submission?: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title:: Methods and Compositions for Treating and  
Preventing Infection Using Human Interferon  
Regulatory Factor 3  
  
Attorney Docket Number:: PF196P1  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Total Drawing Sheets:: 4  
Small Entity?: No  
Petition included?: No  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Paul  
Middle Name:: A.  
Family Name:: Moore  
City of Residence:: North Bethesda  
Country of Residence:: MD  
Street of mailing address:: 7013 Old Gate Road

City of mailing address:: North Bethesda  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20852

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Paula  
Family Name:: Pitha Rowe  
City of Residence:: Baltimore  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 4000 N. Charles Street  
Unit 1612  
City of mailing address:: Baltimore  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21218

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Craig  
Middle Name:: A.  
Family Name:: Rosen  
City of Residence:: Laytonsville  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 22400 Rolling Hill Lane  
City of mailing address:: Laytonsville  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20882

**Correspondence Information**

Correspondence Customer Number:: 22195

**Representative Information**

Representative Customer Number:: 22195

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/239,936	10/13/00
This Application	Continuation-in-part of	09/417,540	10/14/99
09/417,540	Division of	08/705,771	08/30/96
08/705,771	An application claiming the benefit under 35 USC 119(e)	60/002,993	08/30/95

**Foreign Priority Information****Assignee Information**

Assignee name:: Human Genome Sciences, Inc.  
Street of mailing address:: 14200 Shady Grove Road  
City of mailing address:: Rockville  
State or Province of mailing address:: MD  
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Assignee name:: Johns Hopkins University  
Street of mailing address:: 3400 N. Charles Street  
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State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21218